

VT Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Minutes
Pending Work Group Approval

Date of meeting: August 24, 2015, 9:00am to 11:00 am, DVHA Large Conference Room, 312 Hurricane Lane, Williston

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approval of Minutes	<p>Laura Pelosi called the meeting to order. Roll call was taken and a quorum was present. Heather Skeels moved to approve the minutes via exception; Sue Aranoff seconded the motion. The motion was approved with two abstentions.</p>	
2. Updates	<p>CMMI July Site Visit</p> <p>Alicia Cooper reported on the CMMI July Site Visit. A stakeholder session was held on Day 1 of the two-day visit. Project goals were reviewed, including a specific review of the payment models structure and progress toward goals.</p> <p>Paul Harrington asked if the Year 1 ACO SSP results are available; Pat Jones responded that Year 1 results will be provided at the end of this month and presented later in September. Paul asked which Work Groups would receive a presentation. Pat stated that the Green Mountain Care Board would probably receive the initial presentation, with the potential for a special meeting with multiple work groups toward the end of September.</p> <p>Sue Aranoff asked if the proposed VHCIP project restructuring would be discussed at today’s meeting. Information has been shared with Steering Committee participants in advance of their August 26th meeting, and is available publicly on the VHCIP website at: http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/Steering_Committee/8-26-15%20VHCIP%20Steering%20Committee%20Merged%20Materials.pdf</p> <p>Cathy Fulton observed that the restructuring plan may result in improved integration, streamlining and focus on overall SIM goals. Written comments on the plan can be submitted to Sarah Kinsler (sarah.kinsler@vermont.gov).</p> <p>Status of Work Group’s recommended changes to Year 2 ACO Shared Savings Program measures:</p> <p>Pat reported that, consistent with the QPM Work Group’s recommendation, the VHCIP Steering Committee and Core Team and the Green Mountain Care Board approved the following changes to Year 2 measures:</p>	

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	<ul style="list-style-type: none"> • Eliminating the LDL Screening payment measure in Vermont’s Commercial and Medicaid SSPs, and replacing it with the Controlling High Blood Pressure Medicare Shared Savings Program (MSSP) measure. • Changing the Diabetes Composite reporting measure in the Commercial and Medicaid SSPs from a 5-part measure to the 2-part measure initiated in 2015 for Medicare Shared Savings Program (MSSP). <p>Year Three: Proposed Measure Changes</p> <p>QPM recommended changes will be presented at Payment Models, Steering Committee, Core Team and then to the GMCB for final approval. Pat walked through Attachment 3a in the materials packet which summarizes previous recommendations and options for changes for the Year 3 measure set.</p> <p>The Work Group needs to decide whether to eliminate, replace or retain M&E #16 (ED Utilization for Ambulatory Care Sensitive Conditions, an AHRQ measure). Options are described in more detail in Attachment 3b from Bailit Health Purchasing. Bailit has recommended adopting the Onpoint Health Data Potentially Avoidable ED measure. Pat reviewed Attachment 3c, which contains responses to questions that were posed at the June meeting regarding the Onpoint measure.</p> <p>Paul Harrington asked whether this recommendation includes dropping the AHRQ measure; the answer is yes. He also asked if the measure is revised to reflect ICD-10 codes, could it be compared against past results that might be based on ICD-9 codes. Mike Nix pointed out that we will be in a similar situation for several measures as the change is made from ICD-9 to ID-10. Pat pointed out that while we often compare results to national benchmarks, this particular measure is not a national measure.</p> <p>Another clarification was around whether a more serious diagnosis would supplant a lower level diagnosis – the answer is that only the primary diagnosis code in the claim is used. If the ED visit results in inpatient admission, it is not included. Mary Kate Mohlman noted that a limitation of VHCURES is that the data is de-identified.</p> <p>Diane Leach asked if there will be an overlapping time period of tracking ICD-9 codes for a time after ICD-10 implementation. Mike noted that the switch is supposed to be a complete change, so most medical entities won’t be billing ICD-9 codes after the date of implementation. CMS will not be imposing financial penalties on Medicare payments for the continued use of ICD-9 codes up until October of 2016. However, since Medicare is only one payer, it appears that most providers are making the switch in October of 2015.</p> <p>Heather asked whether there is an implementation plan at VHCURES for addressing the October change because most data work is done on a calendar year basis and this change is happening in October. Mary Kate said that she would follow up on that question. Mike added that there are cross-walks between ICD-9 and ICD-10 to help with the changeover. Members discussed the feasibility of having the analytics contractor calculate this claims-based</p>	

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	<p>measure; Pat said that it would be feasible. Paul Harrington reminded the group that last year, the Medical Society and ACO/provider organizations opposed another ED measure in the Monitoring and Evaluation measure set, the NYU Avoidable ED Utilization measure.</p> <p>Mike asked if the Onpoint measure could be applied to Year 1 and Year 2 claims data to provide over-time comparison of results. Pat said that it should be able to be calculated for prior years by the analytics contractor. Mike said that he felt the information provided by the Onpoint measure would be helpful; this measure (in conjunction with the NYU measure) provides a good balance against some of the data anomalies that were of concern with the NYU measure.</p> <p>Mike Nix offered a motion by exception to use the Onpoint Health Data Potentially Avoidable ED measure as a replacement for the AHRQ Ambulatory Care Sensitive ED Utilization Measure and apply it to prior years' data. Paul Harrington seconded the motion, which carried unanimously.</p> <p>Potential changes to National Patient Experience Surveys Pat offered thanks to Carole Magoffin from DVHA for her assistance in researching proposed changes to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) PCMH patient experience survey, which is the survey used for the Shared Savings Program measures. Pat also noted that for Year 1, all 3 ACOs had enough respondents to report the data.</p> <p>Proposed national changes to the survey include asking respondents to consider their care for the prior 6 months, as opposed to the prior 12 months in the current version of the survey. There are other proposed changes related to some of the composite measures. It appears that NCQA is keeping the current survey through 2016, which would cover Year 3 of Vermont's Shared Savings Programs, but in the event that it is changed sooner, approval to follow those changes is requested from the Work Group. The survey composites are reporting measures.</p> <p>A second patient experience survey used as a monitoring and evaluation measure is the Family Evaluation of Hospice Care survey, conducted by hospice organizations, at the statewide level rather than the ACO level. Peter Cobb confirmed that Vermont's hospice organizations are switching to a CAHPS hospice experience of care survey, so approval is being sought to use that survey for this measure.</p> <p>Paul Harrington offered a motion by exception to allow changes as necessary to the CAHPS PCMH and Hospice experience of care surveys to keep them in alignment with national surveys. Heather Skeels seconded the motion, which carried unanimously.</p>	
8. Next Steps, Wrap Up and Future Meeting Schedule	<p>Next Meeting: Scheduled for Monday, September 21, 2015; 9:00 am – 11:00 am; EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier; Call-In Number: 1-877-273-4202, Conference ID: 420-323-867. However, VHCIP leadership may reschedule it in order to provide Shared Savings Program data to a combined group of work group participants.</p>	

